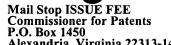
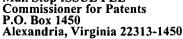
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail







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appropriate. All fu indicated unless c maintenance fee n	orrected bottification	respondence including the leading or directed otherwise	atent, advance or in Block 1, by (a	ders and not specifying	ification	of maintenance fees vorrespondence address; Note: A certificate of Fee(s) Transmittal. Th	will be mailed to the curren; and/or (b) indicating a sep mailing can only be used is certificate cannot be used	should be completed where t correspondence address as arate "FEE ADDRESS" for for domestic mailings of the for any other accompanying ent or formal drawing must	
22850		90 07/08/2005 STOMER N	UMBER.	T 0 3 200	5 00 C	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
		22850						(Depositor's name)	
					.)			(Signature)	
						<u></u>	· · · · · · · · · · · · · · · · · · ·	(Date)	
APPLICATION	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/931,10	09/931,105 08/17/2001		Hiroshi Yoshida				213048US2SRD	3641	
TITLE OF INVEN 10/05/2005 MBEYEN 01 FC:1501			R AND MULTI-E	BAND RAD	IO APPA	ARATUS USING SAID	FREQUENCY SYNTHES	ZER	
02 FC:1504PPLN. TYP	MAPPLN. TYPE SMALL AND UP		ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovision	nonprovisional NO		\$1400			\$300	\$1700	10/11/2005	
EXAM		IINER ART U		NIT CLASS-SUBCLASS					
HASHEM, LISA			2645 455-2		455-265000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. OBLON, SPIVAK, MCCLELLAND, MAIER 2 & NEUSTADT, P.C.					
3. ASSIGNEE NA	ME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	T (print o	or type)			
PLEASE NOTE recordation as se	E: Unless et forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will app F a substitute	ear on to	he patent. If an assign g an assignment.	ee is identified below, the	document has been filed for	
(A) NAME OF	EE	(B	B) RESIDENCE: (CITY and STATE OR COUNTRY)						
KABUSHI	KABUSHIKI KAISHA TOSHIBA Tokyo, JAPAN								
		assignee category or categor				☐ Individual ② Co	orporation or other private gr	roup entity 🗖 Government	
4a. The following f Issue Fee	ee(s) are o	enclosed:	46	Payment of	` '	· 			
					☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
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The Director of the NOTE: The Issue Finterest as shown b	USPTO i ee and Pu y the reco	s requested to apply the Issu iblication Fee (if required) w rds of the United States Pate	e Fee and Publicate vill not be accepted and Trademark	tion Fee (if and I from anyon Office.	ny) or to e other tl	re-apply any previousl nan the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or	ation identified above. the assignee or other party in	
Authorized Sign		osephScafet	tas.			Date	OCT 0 3 2		

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